

MEDICAL BOARD OF CALIFORNIA

Expert Reviewer Program



RENEWAL APPLICATION

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| | CITY: | | STATE: | ZIP: | |
| ALTERNATE MAILING ADDRESS (NOT A P.O. BOX) FOR EXPERT PACKAGES: | | 5 | STATE: | ZIP: | |
| N: OTHE | R TELEPHONE NUMBER: (PI | ease identify e.g., wo | ork, cell, etc.) | | |
| E-MAIL ADD | DRESS: | | | | |
| 1. List all current American Board of Medical Specialties (ABMS) Certificates. Include specialty/ subspecialty and date(s) of practice [e.g., internal medicine (2009-2019/ endocrinology 2010-2020]. Also include certificates from the American Boards of Facial Plastic & Reconstructive Surgery, Pain Medicine, Sleep Medicine and Spine Surgery or any other non-ABMS certificates held. | | | | | |
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| 2. Describe your active medical practice or employment. [Active practice is defined as at least 80 hours per month in direct patient care or clinical activity or teaching, of which 40 hours must involve direct patient care.] Include any special procedures (e.g., laparoscopic surgery) or modalities (e.g., alternative medicine) that you employ in your practice. Also, identify any special training you have received that is not listed above. | | | | | |
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| 3. Have you retired from active medical practice or employment? | | | | | |
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| 4. List each hospital and location where you currently have full privileges. Identify your specialty or subspecialty for each hospital listed. | | | | | |
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TYPE OR PRINT IN INK

| 6. Describe any prior peer review experience (hospital, medical society, or equivalent) | | | | |
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| 7. Have you been disciplined by the Medical Board of California or any other state, or have disciplinary charges been filed against you in any state since you were approved as an Expert Reviewer? Yes No [If yes, please explain in "Comments" section.] | | | | |
| 8. Have you ever been arrested, convicted or pled <i>nolo contendere</i> to any criminal act since you were approved as an Expert Reviewer? □ Yes □ No [If yes, please explain in "Comments" section.] | | | | |
| 9. Have you been contacted by the Board to review any cases? ☐ Yes ☐ No | | | | |
| 10. Any additional information you wish to provide : | | | | |
| Additional contact numbers (if any): | | | | |
| Most efficient contact time/method: | | | | |
| Have you ever testified/supported your medical opinion (as an expert witness) in court/formal setting (for MBC or otherwise)? | | | | |
| COMMENTS [Identify corresponding question number, and/or add any comments you may have regarding the Expert Reviewer Program.] | | | | |
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| PRIVACY NOTICE: The information provided on this application is maintained by the Executive Office of the Medical Board of California (MBC), 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, under the authority granted by the Business and Professions Code, Division 2, Chapter 5, Article 13, Section 2332. It is mandatory that you provide all information requested. Omission of any item of information will result in the application being rejected as incomplete. Your completed application becomes the property of the MBC and will be used by the authorized personnel to determine your eligibility for participation in the Expert Reviewer Program. Information on your application may be transferred to other governmental or law enforcement agencies. You have the right to review the records maintained on you by the MBC unless the records are exempt from disclosure. | | | | |
| I hereby certify that all statements made in this application are true and complete, and I understand that any misstatements of material facts will subject me to disqualification. I have attached a current <i>curriculum vitae</i> to this application. | | | | |
| | | | | |
| Signature Date | | | | |

Mail completed Renewal Application to:

Medical Board of California Expert Reviewer Program 320 Arden Avenue, Suite 250 Glendale, CA 91203

Tel. 818/551-2129; Fax 818/551-2131; E: susan.goetzinger@mbc.ca.gov; W: www.mbc.ca.gov/licensee/expert_reviewer.html

PRACTICE AREA DEFINERS

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| Nursing Home Care Growth Hormones, Use of Steroids, | 9 | | Bariatric/Gastric Bypass surgery | |
| Growth Hormones, Use of Steroids, Spinal surgery; | | Hand surgery | | |
| Bariatric, Weight Loss, | | Spinal surgery; Back/spine problems | | |
| OME, Workers' Comp Evals Oyou supervise nurse practitioners? Pain medicine /Pain management Oyou supervise nurse practitioners? Do you supervise nurse practitioners? Do you have special training or use any procedure, practice modalities, etc., not listed? If yes, please describe: | | Pediatric specialist | | |
| O With, workers Comp Evals O you have special training or use any procedure, practice modalities, etc., not listed? If yes, please describe: | | ○ □ Shoulder □ Knee □ Sports □ Joint replacement | | |
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